

Attorney's Docket No: PHB34140US

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

Street & No. LEENDERWEG 66E

DRACHTEN

146

KADIJK

DECEMBER

1997

POST OFFICE ADDRESS

FULL NAME OF INVENTOR

RESIDENCE & CITIZENSHIP

POST OFFICE ADDRESS

HTFI

Dated:

l believe I am the original, first and sole below) of the subject matter which is cla				ral names are listed
SHAVING APPARATUS				
the specification of which (check one)				
was filed on	as Application	Serial No:	and was amer	nded on
I hereby state that I have reviewed and amendment referred to above. I acknowledge the duty to disclose inform Regulations, §1.56 (a). I hereby claim foreign priority benefits undeclow and have also identified below any	nation which is material to the exa	above-identified specification, in a amination of this application in a §119 of any foreign application(s	ncluding the claims, accordance with Title s) for patent or invent	as amended by any 37, Code of Federa tor's certificate listed
which priority is claimed.	PRIOR FOREIGN	APPLICATION(S)		
D COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	Claim	IORITY led Under .S.C. 119
ÆUROPE	97301059.8	19-02-1997	Yes X	No
			Yes	No
	<u> </u>			
35 United States Code §112, I acknowled which occurred between the filing date of the fil		ational or PCT international filin		
👸 APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTE	ED, PENDING, ABA	NDONED)
Total				-
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hereby declare that all statements made to be true; and further that these statements or imprisonment, or both, under Secvalidity of the application or any patent and POWER OF ATTORNEY: As a named invalid business in the Patent and Trademar	ents were made with the knowle tion 1001 of Title 18 of the Unite issued thereon. ventor, I hereby appoint the follov	dge that willful false statements d States Code and that such wil ving attorney(s) and/or agent(s) to list name and registration numb Reg. No 26,902	and the like so mad liful false statements to prosecute this app	le are punishable by may jeopardize the
SEND CORRESPONDENCE TO: Corporate Patent Counsel U.S. Philips Corporation 580 White Plains Road Tarrytown, New York 10591		DIRECT TELEPHONE CALLS TO: (Name and telephone number) (914) 332-0222		
Dated: 09 /12 / 97 (97	TH DECEMBER 1997 Inventors	s Signature: Lucien F	A. Down	W.
EULL NAME OF INVENTOR	DUVEN First Nam		Middle Name: F.A.	
RESIDENCE & CITIZENSHIP City EINDHOVEN		Foreign Country: ENETHERLANDS	Country of Citizenship:	ERLANDS

ERNDHOVEN

Simon

Drachten

State or Foreign Country:
THE NETHER LANDS

Inventor's Signature:

NETHERLANDS

Country of Citizenship:

THE NETH (LAND)

17 in Code:

THE

Middle Name:

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Dated: 17TH DECEMBER 1997	Inventor's Signature:			
FULL NAME OF INVENTOR: Last name POEL	First Name: Hendrik	Middle Name:		
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Dated:	Inventor's Signature:			
FULL: NAME: OF: INVENTOR: Last name	First Name:	Middle Name:		
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Dated:	Inventor's Signature:			
Last name	First Name:	Middle Name:		
FULL NAME OF INVENTOR:	State or Foreign Country:	Country of Citizenship:		
RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS Street & No:	City:	State or Country: Zip Code:		
rosi office Abbress				
Dated:	Inventor's Signature:			
FULL NAME OF INVENTOR: Last name	First Name:	Middle Name:		
RESIDENCE & CITIZENSHIP	State or Foreign Country:	Country of Citizenship:		
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ated:	Inventor's Signature:			
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Street & No.	City:	State or Country: Zip Code:		
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